



## DEPARTMENT OF THE NAVY

NAVAL HOSPITAL

BOX 788250

MARINE CORPS AIR GROUND COMBAT CENTER

TWENTYNINE PALMS, CALIFORNIA 92278-8250

IN REPLY REFER TO:

NAVHOSP29PALMSINST 6220.7C

Code 0301

26 November 1996

### NAVAL HOSPITAL TWENTYNINE PALMS INSTRUCTION 6220.7C

From: Commanding Officer

Subj: CARDIOPULMONARY RESUSCITATION (CPR) PLAN

Ref: (a) Joint Commission Accreditation Manual for Hospitals,  
(Current Edition)  
(b) NAVHOSP29PALMSINST 6320.71A  
(c) OPNAVINST 5420.27J

Encl: (1) General Procedures for CPR  
(2) Areas Responsible For Performing Quarterly Crash  
Cart Drills  
(3) Code Blue Record Sheet, NAVHOSP29PALMS Form 6320/74  
(Rev. 10/96)  
(4) Daily Crash Cart Check Off List, NAVHOSP29PALMS Form  
6700/04 (Rev. 8/96)  
(5) Emergency Department Daily Crash Cart Check Off List,  
NAVHOSP29PALMS Form 6700/05 (Rev. 8/96)  
(6) Weekly Crash Cart Check Off List, NAVHOSP29PALMS Form  
6700/06 (Rev. 2/94)  
(7) Procedures for Restocking Crash Carts  
(8) Crash Cart Contents  
(9) Code Medications Carried by Pharmacy Personnel  
(10) Neonatal Resuscitation Specific Items  
(11) Code Blue Critique Form, NAVHOSP29PALMS Form 6220/03  
(Rev. 4/94)  
(12) Crash Cart Opening Log

1. Purpose. To publish the Cardiopulmonary Resuscitation (CPR) Plan and the composition of the Cardiopulmonary Resuscitation Committee.

2. Cancellation. NAVHOSP29PALMSINST 6220.7B.

3. Background

a. Pursuant to reference (a) and (b), the CPR Plan demands immediate and coordinated response from a variety of disciplines in order for resuscitation to be effective.

b. The CPR Committee will review and revise policies regarding procedures, training and equipment for CPR. This committee is established in accordance with the guidance set forth in reference (c).

4. Policy

a. In the event of any cardiopulmonary emergency, Basic Life Support (BLS) measures will be initiated and the Code Blue Team will be activated unless countermanded by a physician as directed in reference (b).

b. Enclosure (1) provides general guidelines on appropriate response to cardiopulmonary emergencies. Further policies will be set by the CPR Committee and adhered to as approved by the Commanding Officer.

5. Composition. The CPR Committee shall be comprised of Head, Internal Medicine Department, appointed by the Commanding Officer, who shall act as Chairperson with the following members:

- a. Anesthesiology Department Representative
- b. Emergency Medicine Department Representative
- c. Education and Training Department Representative
- d. Pediatrics Department Representative
- e. Nursing Directorate Representative
- f. Pharmacy Department Representative

6. Action

- a. CPR Committee

(1) Develop, review and revise policies regarding procedures, training and equipment for CPR.

(2) Review and evaluate all resuscitation events and drills for improvement, change or deletion of policies regarding procedures, training and equipment for CPR.

(3) Set policy for resuscitation drills.

(4) Meet at least quarterly. Minutes are prepared in and are forwarded to the Commanding Officer via the Executive Committee of the Medical Staff and the Performance Improvement Committee.

(5) Ensure Crash Carts throughout the hospital are standardized both in content and setup, with the exception of the Pediatric Code Cart in the Emergency Department.

- b. Code Blue Team shall:

(1) Be responsible for responding to all Code Blue emergencies.

(2) Be comprised of the following members:

(a) Emergency Medicine Department Physician (Team Leader).

(b) Emergency Medicine Department Nurse (if two nurses are on duty in the Emergency Department brings crash cart if code site is without a crash cart and on the first or second deck).

(c) MSW Ward Charge Nurse (brings crash cart if code site is without a crash cart and on the third deck).

(d) Anesthesia Department Representative (during normal working hours, bringing own intubation gear).

(e) Officer of the Day

(f) Pharmacy Representative (assigned on a daily basis by Head, Pharmacy Department and brings additional drug bag).

(g) Emergency Medicine Department Corpsman (assigned by the Emergency Medicine Department Nurse and will bring ambu bag).

(h) Ward or Other Personnel (as requested and available).

(3) Use the Code Blue Record Sheet, enclosure (3), to record all actions taken during a code.

c. Department Heads that have Crash Carts within their department shall:

(1) Ensure personnel from their department are familiar with and comply with this instruction.

(2) Ensure daily Crash Cart checks are completed and documented with enclosure (4). The Emergency Department will document by using enclosure (5).

(3) Ensure weekly Crash Cart checks are completed every Wednesday and documented with enclosure (6).

(4) Maintain enclosures (4) and (6) on file. The Emergency Department will maintain enclosures (5) and (6).

(5) Be responsible for ensuring that all medications, supplies, equipment, and Central Sterilization Room (CSR) gear are present at all times according to enclosure (8). The Nursery/Labor and Delivery area and the Maternal-Infant Ward will also maintain a separate box containing the items in enclosure (10). Other areas desiring to maintain these items may do so. Areas may maintain additional resuscitation equipment and supplies as desired, but will develop their own procedures for rechecking and restocking.

(6) Ensure that the Crash Cart is properly restocked after each use in accordance with enclosure (7).

(7) Ensure that the Crash Cart is used only for Code Blue situations, and not as a easy source of medications and supplies for other purposes.

(8) Ensure that each area listed in enclosure (2) performs a Code Blue Drill quarterly, and that the completed enclosures (11) and (3) are retained on file in the areas training records. A copy must also be sent to the CPR Committee. Drills are not required to proceed beyond BLS and are not required to generally activate the code team, but at a minimum should include a mock activation of the code team and the procedures that would be followed up until the point at which the Code Team would arrive to take over.

d. Head, Pharmacy Department shall:

(1) Provide medications needing replacement and a new numbered lock to requesting personnel after a crash cart has been opened.

(2) Perform a monthly inspection of each Crash Cart to ensure that no pharmaceuticals are outdated, that the Crash Cart Opening Log, enclosure (12), is being properly utilized, and that the lock on the Crash Cart was issued by the Pharmacy.

(3) Ensure that the Pharmacy Responder to Code Blue situations carries the medications listed in enclosure (9). These medications will not be maintained on the Crash Cart due to their abuse potential and the need to keep the Crash Carts accessible.

e. Head, Education and Training shall maintain a Crash Cart for training purposes and shall:

(1) Ensure medications are secured and use expired medications whenever possible.

(2) Not respond to an actual "Code Blue".

NAVHOSP29PALMSINST 6220.7C  
26 November 1996

(3) Will ensure departmental training representatives are trained as to the requirements of this instruction.

7. New or Revised Forms. Daily Crash Cart Check Off List, NAVHOSP29PALMS Form 6700/04 (Rev. 8/96); Emergency Department Daily Crash Cart Check Off List, NAVHOSP29PALMS Form 6700/05 (Rev. 8/96); Weekly Crash Cart Check Off List, NAVHOSP29PALMS Form 6700/06 (Rev. 2/94) and Crash Cart Inspection Sheet, NAVHOSP29PALMS Form 6700/11 (Rev. 4/94); Code Blue Record Sheet, NAVHOSP29PALMS Form 6320/74 (Rev. 10/96) are being adopted in accordance with this instruction and may be obtained through Central Files.



R. S. KAYLER

Distribution:  
List A



**DEPARTMENT OF THE NAVY**

NAVAL HOSPITAL  
BOX 788250  
MARINE CORPS AIR GROUND COMBAT CENTER  
TWENTYNINE PALMS, CALIFORNIA 92278-8250

IN REPLY REFER TO:

NAVHOSP29PALMSINST 6220.7C CH-1  
Code 0301  
20 March 1997

NAVAL HOSPITAL TWENTYNINE PALMS INSTRUCTION 6220.7C CHANGE  
TRANSMITTAL 1

From: Commanding Officer

Subj: CARDIOPULMONARY RESUSCITATION (CPR) PLAN

1. Purpose. To direct pen and ink changes to the basic instruction.
2. Action. On page 3, after the word Nurse in paragraph 6b, subparagraph 2b, insert the following: "if two nurses are on duty in the Emergency Department".

A handwritten signature in black ink, appearing to read "R. S. Kayler", is centered below the list.

R. S. KAYLER

Distribution:  
List A

GENERAL PROCEDURES FOR CPR

1. Upon discovery of a potential cardiopulmonary emergency, the first responder will begin immediate BLS procedures and call for assistance.
2. The second responder (or, in accordance with BLS protocol, the first responder, if no second responder is available) will initiate the notification process by dialing "#9" or extension 2381 on a telephone. Every telephone in the hospital building, with the exception of pay telephones, is to display "Code Blue" notification procedures. Military Sickcall should call "911" for ambulance support.
3. A separate telephone at the Quarterdeck will ring and be answered immediately: "This is the Code Blue Line, do you have an emergency?" If the caller responds "no", the caller will be immediately informed that this line is reserved for emergencies, given the general information number, and then the call will be terminated.
4. When the phone is answered as above, the caller will state: "Cardiac (or Respiratory) Arrest, " and give the exact location, including room number if appropriate.
5. Upon receiving the above information, the Quarterdeck will immediately activate "Code Blue" procedure by announcing over the public address system: "Code Blue" and give the exact location of the emergency, including room number if appropriate. This announcement will be repeated at full volume every fifteen seconds for one minute.
6. Immediately after the emergency has been called, the second responder will bring the Crash Cart to the location of the emergency and assist with two man CPR until the arrival of the Code Blue Team. If the emergency is in a location where there is no crash cart in the immediate vicinity, the second responder will return to the site of the emergency and assist with two man CPR until the arrival of the Code Blue Team.
7. All Code Blue Team members will proceed immediately to the location of the emergency and remain there until released by the Team leader. All other personnel will remain in the vicinity unless told to leave by the OOD.

NAVHOSP29PALMSINST 6220.7C  
26 November 1996

8. The Team Leader will direct the team so that Advanced Cardiac Life Support (ACLS) is provided according to current ACLS standards. ACLS will continue until the team Leader determines otherwise. The Team Leader will assign other members to necessary resuscitation roles.

9. The designated recorder will retrieve the clipboard from the crash cart and begin the record. All entries will be made in standard twenty-four hour time.

10. At the conclusion of the CODE BLUE emergency, the recorder will obtain information from all personnel present to complete the record and review its accuracy. This record is to be reviewed and signed by the Team Leader and recorder. The record, with any accompanying rhythm strips will be attached to an Unexpected Event Report, NAVHOSP29PALMS Form 6010/08 and forwarded to the Performance Improvement (PI) office within one (1) working day. After review, the PI office will forward a copy to the Chairperson of the CPR Committee for review.

11. If there is question regarding the quality or appropriateness of care delivered during the event, the chairperson will forward the record, with accompanying occurrence screen to the appropriate person or committee, e.,., Morbidity and Mortality, for review prior to committee consideration.

12. After committee review, all documents will be returned to the PI office where they will be retained for a period of not less than five years.

13. After the code, the nurse in charge of the area from which the crash cart was brought will be responsible for restocking the crash cart.

Enclosure (1)



NAVHOSP29PALMSINST 6220.7C

26 November 1996

Areas Responsible For Performing Quarterly Crash Cart Drills

Multiservice Ward  
Maternal-Infant Ward  
Nursery/Labor and Delivery  
Operating Room/PACU  
Radiology  
Emergency Room  
Clinics-Surgical  
Clinics-Medical (includes Immunizations)  
Military Sick Call

CARDIAC ARREST FLOWSHEET

Date:       /       /

Location:

Start Time:

Time:

Stop

A I R W A Y M G T	TYPE	LPM	Time	I V L I N E S	Time	Site	Flui d
	OroNasal						
	Endotracheal						
	O <sup>2</sup> by Ambu						
	O <sup>2</sup> by Bag - Mask						
		O <sup>2</sup> by Mask					

TIME	Pre-Rhythm & HR	Electrical			MEDS						Post-Rhythm & HR	BP	Resp	IV Drips & Rates			
		D e F i b	S y n c h r o n i z e d	J o u l e s	E p i n e p h r i n e	L i d o c a i n e	B r e t y l i u m	A t r o p i n e	A d e n o s i n e								

NAVHOSP29PALMSINST 6220.7C  
26 November 1996

ABG Results	Personnel Responding	Type of Arrest
#1 Time _____	_____	<input type="checkbox"/> Cardiac
pH _____	_____	<input type="checkbox"/> Respiratory
pO <sup>2</sup> _____	_____	<input type="checkbox"/> Other
pCO <sup>2</sup> _____		Time CPR Initiated: _____
HCO <sup>3</sup> _____		
SaO <sup>2</sup> _____		
 #2 Time _____	 Patient History and Notes	
pH _____	_____	
pO <sup>2</sup> _____	_____	
pCO <sup>2</sup> _____	_____	
HCO <sup>3</sup> _____	_____	
SaO <sup>2</sup> _____	_____	
 #3 Time _____		
pH _____	_____	
pO <sup>2</sup> _____	_____	
 pCO <sup>2</sup> _____		
HCO <sup>3</sup> _____		
SaO <sup>2</sup> _____		
 #4 Time _____		
pH _____		
pO <sup>2</sup> _____		
pCO <sup>2</sup> _____		
HCO <sup>3</sup> _____		
SaO <sup>2</sup> _____		

Reviewed: \_\_\_\_\_

- |     |  |           |    |
|-----|--|-----------|----|
| 1.  | SUCTION SET-UP WITH YANKAUR TUBING -----   | YES       | NO |
| 2.  | OXYGEN 'E' CYLINDER WITH REGULATOR -----<br>(EXCHANGE AT 500 PSI)  | _____ PSI |    |
| 3.  | CARDIAC ARREST BOARD ON BACK -----   | YES       | NO |
| 4.  | I. V. POLE -----   | YES       | NO |
| 5.  | MONITOR STOCKED WITH RECORDING PAPER-----  | YES       | NO |
| 6.  | MULTI-OUTLET PLUG-IN BOX WITH EXTENSION CORD -----   | YES       | NO |
| 7.  | CODE CART INVENTORY MANUAL -----   | YES       | NO |
| 8.  | IF TESTING LP10: PLACE PADDLES ON BATTERY SUPPORT<br>SYSTEM, CHARGE TO 360j AND DISCHARGE INTO BATTERY<br>SUPPORT SYSTEM. BATTTERY SUPPORT SYSTEM WILL<br>INDICATE THE JOULES DELIVERED. ----- | YES       | NO |
|     | IF TESTING LP9: CHARGE UNIT TO 200 JOULES AND DISCHARGE PADDLES<br>INTO PADDLE WELLS. THE DEFIB WILL PRINT OUT A<br>TEST STRIP. -----  | YES       | NO |
| 9.  | DEFIBRILLATORS ARE PLUGGED IN,CLEAN AND DUST FREE-----   | YES       | NO |
| 10. | PEDIATRIC PADDLES -----  | YES       | NO |
| 11. | DEFIBRILLATOR GEL -----  | YES       | NO |
| 12. | NO FRAYED OR DAMAGED CONNECTION WIRES-----   | YES       | NO |
| 13. | SHARPS CONTAINER <HALF FULL -----  | YES       | NO |
| 14. | DISCREPANCIES NOTED  |           |    |

Enclosure (4)

- |                                     |  |      |      |
|-------------------------------------|--|------|------|
|                                     |  | DATE | TIME |
| (VERIFYING CORPSMAN SIGNATURE (AM)) |  | DATE | TIME |
| (VERIFYING CORPSMAN SIGNATURE (PM)) |  | DATE |      |
| (CHARGE NURSE REVIEWED)             |  |      |      |
| SAMPLE RHYTHM STRIP                 |  |      |      |
| NAVHOSP29PALMS Form 6700/05         |  |      |      |
| (Rev. 8/96)                         |  |      |      |

WEEKLY CRASH CART CHECK-OFF LIST  
INSIDE OF CART  
EVERY WEDNESDAY

1. ANY MEDICATIONS EXPIRED-----YES NO
2. ANY STERILE GEAR EXPIRED-----YES NO
3. LARYNGOSCOPE BLADES LIGHTS WORK-----YES NO
4. LARYNGOSCOPE HANDLE WORKS-----YES NO
5. ALL REQUIRED GEAR PRESENT-----YES NO
6. CART RESEALED-----YES NO
7. DISCREPANCIES NOTED

\_\_\_\_\_  
(VERIFYING CORPSMAN SIGNATURE) DATE \_\_\_\_\_ TIME \_\_\_\_\_

\_\_\_\_\_  
(CHARGE NURSE REVIEWED) DATE \_\_\_\_\_

NAVHOSP29PALMS Form 6700/06  
(Rev. 12/93)

#### Procedures For Restocking Crash Carts

1. After a Crash Cart has been opened, it is essential that it be returned to a state of readiness as soon as possible.
2. Once, a Crash Cart has been opened, the person opening it will ensure that the time, date, name of person opening, and reason for opening in the Crash Cart Opening Log which will be maintained in the individual Crash Cart Notebook. The person opening the Crash Cart is also responsible for ensuring that the Crash Cart gets resealed, although this may be delegated.
3. The Crash Cart will be inventoried against the Crash cart Contents List.
4. All missing supplies and equipment will be obtained through Supply, sterilized gear through CSR, and medications via Pharmacy.
5. All reusable items will be properly cleaned.
6. Once all contents are present, the cart will be resealed using a lock issued by Pharmacy. Use of any seal other than that provided by Pharmacy is prohibited.
7. The person restocking and resealing the cart will note their name, the Lock number, and the expiration in the Crash Cart Opening Log. The expiration is the date of expiration of the earliest expiring content of the cart.

NAVHOSP29PALMSINST 7220.7C  
26 November 1996

CRASH CART CONTENTS

EXTERNAL CART:

1. DEFIBRILLATOR	1 EACH
2. LAERDAL SUCTION PUMP/YANKAUER	1 EACH
3. O2 TANK (FILLED> 500 PSD/WRENCH	1 EACH
4. SHARPS CONT.(LESS THAN ½ FULL)	1 EACH
5. PEDIATRIC PADDLES	1 PAIR
6. CARDIAC RESUSCITATION BOARD	1 EACH
7. DEFIBRILLATION GEL	1 TUBE
8. CRASH CART NOTEBOOK	1 EACH

DRAWER NO. 1:

1. ALL DRUGS	SEE ENCLOSURE
--------------	---------------

DRAWER NO. 2:

1. ADMINISTRATION SETS	4 EACH
2. EXTENSION SETS	4 EACH
3. SYRINGES	
1 cc	5 EACH
3 cc	5 EACH
5 cc	5 EACH
10 cc	5 EACH
30 cc	2 EACH
60 cc	1 EACH
60 cc, Toomey	1 EACH
4. NEEDLES	
18 ga	10 EACH
20 ga	10 EACH
21 ga	10 EACH
23 ga	10 EACH
21 ga Butterfly	5 EACH
23 ga Butterfly	5 EACH
25 ga Butterfly	5 EACH
5. CATHETERS	
14 ga	4 EACH
16 ga	6 EACH
18 ga	6 EACH
20 ga	6 EACH
22 ga	8 EACH
24 ga	8 EACH
6. SUTURE	
3-0 Nylon	2 EACH
4.0 Silk	2 EACH



NAVHOSP29PALMSINST 7220.7C  
26 November 1996

7.	INTRAOSSSEUS NEEDLES	
	18 ga	4 EACH
8.	MISCELLANEOUS	
	3-way Stopcocks	5 EACH
	1 inch Silk tape	2 ROLLS
	Betadine Swab	10 EACH
	Alcohol Swab	10 EACH
	Benzoin Swabs	2 PACKS
	Tourniquet	4 EACH
	Heparin Locks	2 EACH
	Band Aids	10 EACH
	2x2 Sterile Gauze	10 EACH
	4X4 Sterile Gauze	10 EACH
	T-ports	3 EACH

DRAWER NO. 3:

1.	NASAL AIRWAYS	
	6.5 (Small)	1 EACH
	7.5 (Medium)	1 EACH
	8.5 (Large)	1 EACH
2.	ORAL AIRWAYS	
	5	1 EACH
	4	1 EACH
	3	1 EACH
	0	1 EACH
	00	1 EACH
	000	1 EACH
3.	ENDOTRACHEAL TUBES	
	2.5 Uncuffed	1 EACH
	3.0 Uncuffed	1 EACH
	3.5 Uncuffed	1 EACH
	4.0 Uncuffed	1 EACH
	4.5 Uncuffed	1 EACH
	5.0 Uncuffed	1 EACH
	5.5 Uncuffed	1 EACH
	6.0 Cuffed	1 EACH
	6.5 Cuffed	1 EACH
	7.0 Cuffed	1 EACH
	7.5 Cuffed	2 EACH
	8.0 Cuffed	1 EACH
	9.0 Cuffed	1 EACH

Enclosure (8)

NAVHOSP29PALMSINST 6220.7C  
26 November 1996

4. LARYNGOSCOPE EQUIPMENT

Laryngoscope Handle	1 EACH
Extra Bulbs	2 EACH
Extra Batteries	2 EACH
Miller Blades	
0	1 EACH
1	1 EACH
2	1 EACH
3	1 EACH
MacIntosh Blades	
1	1 EACH
2	1 EACH
3	1 EACH
4	1 EACH

5. MISCELLANEOUS

Scissors, Iris	1 EACH
Scissors, Bandage	1 EACH
Hemostats, Straight	1 EACH
Kelly Clamp, Curved	1 EACH
Handle, Knife	1 EACH
McGill Forceps	1 EACH
Tongue Blades	1 EACH
Stylet	2 EACH
Facemask w/Shield	2 EACH
Blade, #10	5 EACH
Blade, #11	5 EACH

DRAWER NO. 4:

1. IV FLUIDS

D5W 250 ml	4 EACH
NS 250 ml	2 EACH
D10W 500 ml	1 EACH
LR 1000 ml	4 EACH
NS 1000 ml	2 EACH

2. DRIP SETS

Buretrol Set, Pediatric	3 EACH
Lidocaine Drip Kit	1 EACH
Heparin drip Kit	1 EACH
Dopamine Drip Kit	1 EACH
Nitroglycerin Drip Kit	1 EACH
Blood Administration Set	1 EACH

Enclosure (8)

NAVHOSP29PALMSINST 6220.7B  
26 November 1996

DRAWER NO. 5:

1.	STETHOSCOPE	1 EACH
2.	EKG ELECTRODES	10 EACH
3.	GLOVES	
	SIZE 6.5	2 PAIR
	SIZE 7	2 PAIR
	SIZE 7.5	2 PAIR
	SIZE 8	2 PAIR
4.	CENTRAL LINE KIT	1 EACH
5.	DRESSING TRAY	1 EACH
6.	CUTDOWN TRAY	1 EACH
7.	PLASTIC CONNECTOR,CHRISTMAS TREE	1 EACH
8.	4X8 SPONGES	1 PACK
9.	NASOGASTRIC TUBES	
	18 French	2 EACH
	16 French	2 EACH
	8 French	2 EACH
	6 French	2 EACH\
10.	SUCTION CATHETERS	
	18 French	4 EACH
	14 French	4 EACH
	8 French	4 EACH
	5 French	4 Each
11.	BLOOD PRESSURE CUFF SMALL	1 EACH
12.	BLOOD PRESSURE CUFF LARGE	1 EACH
13.	BLOOD PRESSURE CUFF PEDIATRIC	1 EACH
14.	FEEDING TUBE	
	5 French	2 EACH
	8 French	2 EACH

DRAWER NO. 6:

1.	ADULT MASK	1 EACH
2.	CHILD MASK	1 EACH
3.	INFANT MASK	1 EACH
4.	SUCTION TUBING	2 EACH
5.	NONREBREATHER MASK	1 EACH
6.	EXTENSION TUBING	2 EACH
7.	YANKAUER SUCTION CATHETERS	2 EACH
8.	PEDIATRIC AMBU KIT	1 EACH
9.	ADULT AMBU KIT	1 EACH
10.	BULB SYRINGE	1 EACH
11.	RESOVOIR AMBU KIT	1 EACH
12.	PEDIATRIC ANESTHESIA BAG	1 EACH

NAVHOSP29PALMSINST 6220.7C  
26 November 1996

Medication	Strength	Size	Reqd	Have	Exp
Adenosine	3 mg/ml	2 ml vial	3		
Atropine	0.1mmg/ml	10 ml syringe	3		
Atropine	0.4 mg/ml	20 ml vial	1		
Bretylium	50 mg/ml	10 ml ampule	2		
Calcium Chloride	100 mg/ml	10 ml syringe	1		
Dextrose 50% W	0.5 g/ml	50 ml syringe	1		
Digoxin	0.25 mg/ml	2 ml ampule	2		
Diphenhydramine	10 mg/ml	5 ml syringe	2		
Dobutamine	12.5 mg/ml	20 ml vial	1		
Dopamine	40 mg/ml	5 ml vial	2		
Epinephrine	1:1000	1 ml ampule	4		
Epinephrine	1:10,000	10 ml syringe	8		
Furosemide	10 mg/ml	4 ml vial	2		
Isoproterenol	0.2 mg/ml	5 ml syringe	1		
Metopropol	1 mg/ml	5 ml amp	3		
Magnesium Sulfate	500 mg/ml	50 ml vial	1		
Naloxone	0.4 mg/ml	1 ml ampule	5		
Naloxone	0.2 mg/ml	2 ml ampule	5		
Phenytoin	50 mg/ml	5 ml vial	4		
Procainamide	100 mg/ml	10 ml vial	1		
Sodium Bicarbonate	44.6 mEq	50 ml syringe	2		
Thiamine	100 mg/ml	1 ml amp	1		
Verapamil	2.5 mg/ml	2 ml amp	3		
Xylocaine	20 mg/ml	5 ml syringe	3		
Xylocaine jelly	2%	30 gr tube	1		

NAVHOSP29PALMSINST 6220.7C  
26 November 1996

CODE MEDICATIONS CARRIED BY PHARMACY PERSONNEL

MEDICATION	SIZE/AMOUNT	QUANTITY
MORPHINE	10MG/ML	5
MIDAZOLAM (VERSED)	10MG/2 ML VIAL	1
DIAZEPHAM (VALIUM)	10MG/2ML VIAL	1
PHENOBARBITAL INJ.	130MG/ML VIAL	2
PHENYTOIN INJ.	250MG/SML	4

NAVHOSP29PALMSINST 6220.7C  
26 November 1996

Neonatal resuscitation Specific Items

The following items will be maintained in a portable kit in the Nursery/Labor and Delivery area to supplement the crash cart in case of immediate postpartum resuscitation. Other areas having a crash cart may choose to also maintain a supplemental kit, depending on their perceived need.

1.	DELEE SUCTION CATHETERS	
	8 French	4 EACH
	10 French	4 EACH
2.	UAC	
	3.5 French	2 EACH
	5 French	2 EACH
	8 French	2 EACH
3.	UVC	
	3.5 French	2 EACH
	5 French	2 EACH
	8 French	2 EACH
4.	UMBILICAL LIGATURE	5 EACH
5.	UAC KIT	1 EACH
6.	EXPOSURF, 10ML	1 BOX
7.	PROSTIN VR PEDIATRIC, 500 MCG/ML	1 AMPULE

Naval Hospital Twentynine Palms  
Twentynine Palms, California 92278

Code Blue Drill Critique Form

This form is intended to be used with the Code Blue Record Form, which is to be filled out by the personnel being drilled. The first sections should be completed for all drills. The ACLS section should be completed if a code is called overhead and the response of the code team is evaluated. The evaluator must be currently certified in all areas evaluated.

Date:

Location:

Evaluator:

Starting time:

Stopping time:

First Responder (name):

Skill:	Circle one:		Comments:
a. Establish unresponsiveness	Sat	Unsat	
b. Call for help (or call code if no one immediately available)	Sat	Unsat	
c. Position the victim	Sat	Unsat	
d. Asses breathing and reposition airway if necessary	Sat	Unsat	
e. If no breathing, give breaths	Sat	Unsat	
f. If breaths still do not go in, reposition and retry	Sat	Unsat	
g. If breaths still do not go in, follow foreign body obstruction algorithm	Sat	Unsat	
h. Once successful breath given, give a second breath	Sat	Unsat	
i. Check pulse-if present give rescue breathing, if absent give CPR	Sat	Unsat	
j. Perform rescue breathing or CPR correctly	Sat	Unsat	

Second Responder (name):

Skill:	Circle one:		Comments:
a. Dials or simulates dialing #9	Sat	Unsat	
b. Reports code properly	Sat	Unsat	
c. Notes time call made	Sat	Unsat	
d. Brings Crash Cart to bedside	Sat	Unsat	
e. Places cardiac board under patient	Sat	Unsat	
f. Offers to perform 2 person CPR	Sat	Unsat	
g. 2 Person CPR correctly performed	Sat	Unsat	

NAVHOSP29PALMS Form 6220/03  
(Rev. 4/94)

NAVHOSP29PALMSINST 6220.7C  
26 November 1996

Additional Non-ACLS providers (names):

Skill:	Circle one:	Comments:
a. Prepare resuscitative gear		
-Open crash cart	Sat      Unsat	
-Set up ambu bag with oxygen and provide to CPR providers	Sat      Unsat	
-Place IV if not present	Sat      Unsat	
-Ready defibrillator	Sat      Unsat	
-Assume role of recorder	Sat      Unsat	

ACLS certified responders

This section is only filled out if drill conducted through ACLS. ACLS certified personnel in the location of the drill may be evaluated, or a drill may be called overhead and the actual code team may be activated and evaluated.

Skill:	Circle one:	Comments:
a. First ACLS responder immediately identifies self and uses quick look paddles.	Sat      Unsat	
b. Positions are appropriately assigned	Sat      Unsat	
c. Airway appropriately managed	Sat      Unsat	
d. Rhythms appropriately identified	Sat      Unsat	
e. Rhythms appropriately managed	Sat      Unsat	
f. All Clear called and checked before all defibrillations	Sat      Unsat	
g. Defibrillator used correctly	Sat      Unsat	
h. Recorder maintains correct records	Sat      Unsat	
i. Team functions smoothly	Sat      Unsat	
j. Appropriate postresuscitation care provided (eg drips, transfer)	Sat      Unsat	
k. If Code called overhead, all members respond	Sat      Unsat	
l. If Code called overhead, done correctly	Sat      Unsat	

Additional Comments:

Signature of Evaluator:

A copy should be maintained of this form and the code recording sheet used in the training records of the division/department performing the code. An additional copy should be forwarded to the Chairman of the CPR Committee (Head, Internal Medicine) for review.



NAVHOSP29PALMSINST 6220.7C  
26 November 1996

# Crash Cart Opening Log

Location:

[illegible]